

HEALTH COMMITTEE of August 23, 2000

Minutes

A regular meeting of the Health Committee of the Suffolk County Legislature was held in the Media Room, First Floor of the H. Lee Dennison Building, Veterans Memorial Highway, Hauppauge, New York, on **August 23, 2000**, at 9:30 A.M.

Members Present:

Legislator Ginny Fields - Chairperson
Legislator Brian Foley - Vice-Chair
Legislator Michael Caracciolo
Legislator Joseph Caracappa
Legislator Andrew Crecca

Also in Attendance:

Legislator Michael D'Andre - District #13
Paul Sabatino - Counsel to the Legislature
Ed Hayes - Aide to Legislator Fields
Virginia Acker - Aide to Presiding Officer Tonna
Bonnie Godsman - County Executive's Office/IR
Dr. Clare Bradley - Commissioner/SC Department of Health Services Robert Maimoni - Director of Health Administrative Services/DHS
Bernard Kirschbaum - Mental Health Association
Reva Goldberg - Mental Health Association
Scott Cullen - Counsel/STAR Foundation
 Standing for Truth About Radiation
Suzanne Warson - STAR Foundation
Randy Snell - SEARCH/Seeking Answers about Rhabdomyosarcoma Children
William Theobalt - SEARCH/Seeking Answers about
 Rhabdomyosarcoma Children
Laurie Theobalt - SEARCH/Seeking Answers about
 Rhabdomyosarcoma Children
Patrick Ahern - SEARCH/Seeking Answers about
 Rhabdomyosarcoma Children
Joseph Mangano - Radiation and Public Health Project, NYC
Elaine Economopoulos - The Quality Consortium
Bob Vanson - American Association for Retired Persons
Marianne Zacharia - American Lung Association
George Wallace - Suffolk Life

Dick Kraus - Newsday
All Other Interested Parties

Minutes Taken By:

Alison Mahoney - Court Stenographer

(*The meeting was called to order at 9:52 A.M.*)

CHAIRPERSON FIELDS:

Good morning. Could we please stand for the Pledge of Allegiance led by Legislator Caracappa.

Salutation

Good morning. We have some speakers this morning, so we'll begin with Randy Snell. Come on up, and what I would ask is that you speak very closely to the microphone. And if anyone else is out in the audience and you would like to speak during the public portion, please come up and fill out a yellow card. Thank you.

MR. SNELL:

Hi. As Ginny said, my name is Randy Snell. I'm a resident of Manorville, New York, I'm also the President of a group called SEARCH which stands for seeking answers about Rhabdomyosarcoma Children. I'm also a -- more importantly, I'm a father of four little girls; Gillian who's 11, Lauren who's 8 and twin 4 year olds, Amanda and Jennifer.

Our world out in Manorville was turned upside down when in 1995 my second daughter Lauren at the age of three started to drool and slur her words. And upon inspection of her mouth, we noticed a lump underneath her tongue. We took our daughter to our pediatrician who referred us to an ENT specialist who told us that our daughter had a very aggressive type of cyst called a plunging Ranulin That they would have to operate on her and that we'd have our daughter back the next day. Well, a 45 minute operation turned into two and a half hours and we were led into a room and introduced to an oncologist who informed us that our daughter had an extremely rare and aggressive type of cancer called Rhabdomyosarcoma.

Over the next 30 days my daughter had three operations, we spent 31 straight days in the hospital. We went through eleven months of chemotherapy, six weeks of radiation and two more operations. During that

time, on one particular bad day my daughter, after being stuck with a needle for about seven times, grabbed me around the neck and screamed, "Why, Daddy, why?" I didn't have an answer for her and as a parent I felt I should, and that kind of led me to a search to find out the reason my daughter got cancer.

While we were staying in Stony Brook, Stony Brook at that time was taking care of about 20 children with cancer. Four of these cases were Rhabdomyosarcoma and at the time we were told that the incidence rate of this cancer was one in four million kids. Upon further, you know, study we find that the rate runs at about four kids per million, and I just felt that four kids in Suffolk County, it seems like an awful high incidence rate.

My daughter's in remission mission now; thank God, but she's one of the lucky ones. The probability of surviving this type of cancer is about 65% which means that 35% of the kids don't survive five years. It's a very aggressive and terrible type of cancer. Over the next year I had the time, I discovered eight other -- a other total of eight kids in Suffolk County who had this type of cancer. And at that point, I contacted the New York State Health Department and got a response saying that if you didn't have six cancers of that type in one zip code that they didn't think there was a problem.

I also contacted at the time the task force that was set up to investigate the Brookhaven Lab issue, living in Manorville, two miles from Brookhaven Lab. A Dr. Grimson, when I told him about my findings and showed him where the kids were, at first seemed startled and surprised that there were so many kids in one area and said that he felt that there was a problem and actually went on TV and stated that he thought it was radiation exposure related. During also that time, Stony Brook then took over Brookhaven Lab and Dr. Grimson works out of Stony Brook. During the task report, he reported just -- he said that my findings, you know, the door-to-door type of findings was not consistent with how the State looks at this Rhabdo issue, and so he could not really consider my findings as valid.

Over the next couple of years through media exposure, we then went up to 16 kids in Suffolk County who had this type of cancer. To date we're at 22 children with this type of cancer and if you look at the map, it's pretty much all located in one area.

MR. MANGANO:

And it's also in the hand outs.

MR. SNELL:

And it's also in the hand outs that you got, and Joe Mangano will go into the statistics later but it's roughly 15 times the national average in that area. Again, we contacted the State Health Department at the time to let them know about this and they didn't have some of the findings that we have and they said they would add this to the database; but again, they would not look at a specific area, a specific cluster as I guess researchers like to call it. So we formed a group called SEARCH which stands for Seeking Answers about Rhabdomyosarcoma Children, and our whole mission was to try to find more cases to see if there was actually a problem out here in Suffolk County. During this time we've come across two research reports, one by a Dr. Seymour Grufferman On the University of Pittsburgh who talks about exposure to radiation as a known cause of this type of cancer. There's another research report where they exposed laboratory mice to this type of cancer.

As I said, my daughter is in remission but it's unknown whether she will ever be able to have children, it's unknown. Right now her jaw bone is not growing correctly because of the therapy and she will need reconstructive surgery at that time. These kids go through so much and there is nobody to stand up and fight for them. The State has ignored our pleas and now we're going to Suffolk County, we're asking you to create this task force to help out these kids. There is something wrong in Suffolk County and there's something wrong in that area of Suffolk County. And the deaths of these children who have died should not go in vain, nor should the struggles of what the surviving kids have gone through and will go through in the future. Please, consider this greatly, I ask you for the sake of our kids and the kids in the future who will get this type of cancer.

In 1996, the last data we have, there was five cases in 1996. There was only 250 national, why should we have so many cases of this type of cancer. Thank you.

LEG. FOLEY:

Thank you.

CHAIRPERSON FIELDS:

Thank you, Mr. Snell. Joseph Mangano?

MR. MANGANO:

Good morning. I'm a Public Health Administrator and researcher. I'm with a group called the Radiation and Public Health Project. We're based out of New

York City and we for the last 15 years or so have done research on the relationship between radiation exposure and disease, especially cancer.

Now, a couple of years ago we first heard about Randy and the Rhabdomyosarcoma issue when he and the people of the Star Foundation came to us and said we have this apparent cluster can you give us any comment about it. Well, even though Randy is just a banker and a concerned parent, he took the proper first step that any public health researcher should do and that is go to the County Health Department and ask for all the cases of Rhabdo in Suffolk by zip code. Unfortunately their policy is to not release these data on such a local level because of confidentiality concerns, which is unfortunate because this is where -- this is how we find out whether or not this is a true cluster or not.

We did a couple of things. The first thing we did was -- as you see in the map here which is also in your hand outs, find out which zip code these cases are in, just to see is this a normal number of cases that we would expect or is it especially high. And Randy has identified, at least on the map we have 18 cases here, there are more, this is sort of an under count. But if you look at just that little area, the area we're talking about is, oh, 13 zip codes, it includes the towns of Centereach and Selden. Setauket, Port Jefferson, Stony Brook, a rather unremarkable area just with small towns in rural areas, and we find that most of the cases came up there. Specifically in the last six years, since '94, there have eight cases of children under 10 diagnosed with Rhabdo there. Expected levels -- expected number of cases based on national rates should be about 0.8, in other words at least 10 times, maybe even 15 times the national rate which is -- if you do the statistics, it is a significant difference, okay, we have that much to go by.

Okay. Now we need to know a little bit more about whether or not this is part of a greater problem, all right. What we did -- may I be permitted to go to the easel?

CHAIRPERSON FIELDS:

Absolutely.

MR. MANGANO:

Thank you. Can you hear me? Because we couldn't get the number of actual diagnosed cases per zip code area, we took another step. New York State collects hospitalization data, all overnight stays in the State, it's a system called Sparks and we're in touch with a computer consultant who has this

sparks data and he was nice enough to run for free, to run one year's worth, 1997. What we asked him to do is find out how many hospital discharges in New York State occurred for kids zero to nine lived in Suffolk County not just from Rhabdo but from all cancers, all right, because Rhabdo is really a small percentage of cancers. And I've divided the County into various areas.

This red block is that same Stony Brook area we were talking about before, okay, which is high in Rhabdo; 82 discharges from that area, the rate is 4.19, this is more than double the national rate of 1.5, okay, and the Suffolk rate of 1.16. Compare that with say the north and south forks, this map goes all the way out to Montauk; zero discharges in '97 for children. Even this area which is actually centered around Brookhaven National Laboratory, there are only six discharges compared to 82, all right? This area down here also has about an average number. So again, we see that standing out is an unusually large number of cancer cases. What we'd like to do, especially if the resources become available, would be to do this for -- we have ten years worth of data, 1990 through '99, okay, it would really make a much better rap, and we can do the same thing for Rhabdo as well.

Okay. Now, we see these disturbing trends here. Now any good researcher has to start hunting for clues, why is this happening, why is this particular area here which has apparently no special high risk for cancers on an industrial area or anything like that, why should they be standing out like this? Okay. The list is going to be a long one. When you look at cancers or cancer clusters, there's many, many potential factors that can be in it. The one that we are most familiar with, an expert in is exposure to low level radiation, okay. And as Randy told you, we have evidence of the past that there is a connection between Rhabdo and radiation, okay. The article by this Pittsburgh researcher Grufferman Showed that when a woman has an x-ray while pregnant, there's double the chance that the child is going to come down with Rhabdo as opposed to one that didn't have an x-ray. And again, the other one was an animal study from the University of Arizona, they rubbed Strontium-90, which is a radioactive chemical, on the skin of mice, they found 18% of the mice came down with Rhabdo, also a very high number. So we have a few indications here.

Also, we wrote to the health departments of New Jersey and Connecticut, there are three nuclear reactors operating in these states. Millstone which is right across the Long Island Sound, it's right up here about eleven miles from Orient Point, and the two in New Jersey, Oyster Creek and Salem County. In each area the Rhabdo rate for children 0 to 14 was very high, in Connecticut

it's double the state rates, all right. So we have these clues here that this might be a connection.

Okay. Our group recently has begun a project the last couple of years, sort of a unique one where we are -- it's called the tooth study project. We're appealing for donations of discarded baby teeth, we send them to a laboratory and have them analyzed for the amount of Strontium-90 which is a type of radioactive chemical which settles in bones and teeth in children at the time they were born. This was -- there was a similar study done back in the 50's and 60's when they were testing bombs above the Nevada Desert, that study ended after the Test Ban Treaty Of '63. Since then, we really don't know exactly how much radiation is in people's bodies, okay. This is -- we're starting to make this a national study, we started in Suffolk County and now we're doing New Jersey, Florida and about to start Sacramento, California.

Okay. We have some results here already which I think are also significant. These are the same four areas I looked at before and what I did was calculated the average what we call pico curies, it's a measure of radiation, of the Strontium-90 which is the bone in tooth seeking radioactive chemical in children's teeth. The red area -- again, the Rhabdo area -- we see an average of 1.48 what we call pico curies per gram of calcium. This is 70% higher than the east end and 80% higher than this area around Brookhaven, okay, and it's about 15% higher than the southwest part of Suffolk County. And this is not one or two teeth, there's like 55 there here and 97 teeth here and so on, so there are fairly -- they are significant differences.

This doesn't mean we've proved a connection by any means between Rhabdo and radiation, but it is certainly another clue that this may be at least one factor that's causing this Rhabdomyosarcoma epidemic, okay? Another thing we haven't done here, we haven't indicted any particular nuclear installation like Brookhaven. I think the obvious thing to do is say, "Well this area is close to Brookhaven, it must be Brookhaven"; well, maybe yes, maybe no. Again, there are other nuclear reactors again, one up here in New London Connecticut, a couple down in New Jersey, the winds are blowing towards Long Island half the year, there's Indian Point which is Westchester County, the winds blow towards Long Island the other half of the year. We don't know exactly where they came from, it could be from anywhere. And of course to really find out, you would have to analyze how people -- where people's food and water come from in this area. Is there well water, municipal water, where is the municipal water coming from, where does their milk come from and their meat and their vegetables and so forth; this is something that would be

done under a grant as well.

Again, this is all we've done at this point. We haven't proved anything beyond a shadow of a doubt, but we do have some very disturbing clues here and we believe that this merits further consideration and adequate resources allocated for it. There's many things we could do depending on the resources. Probably the ultimate thing, I don't know how feasible this would be, would be to collect baby teeth from children with Rhabdo and with cancer, measure their Strontium levels and then compare it with that of healthy kids that live in the same area, same age, okay. And if you saw a difference here, that would be a rather indicting conclusion. This is what they did with lung cancer years ago, all right? People were getting lung cancer, they thought it was smoking so they took men in their 60's with lung cancer and healthy men in their 60's; how many of you smoke, well 90%; how many of you smoke, 15%, what's your nicotine levels, this high and then this high. Okay, that's the kind of real, down to earth research that really gets more answers here. Again, it might not be easy but it is something we will certainly attempt given your support. Thank you very much.

LEG. CARACAPPA:

Thank you.

CHAIRPERSON FIELDS:

Thank you.

LEG. CARACCILO:

I have a question.

CHAIRPERSON FIELDS:

Legislator Caracciolo.

LEG. CARACCILO:

Yes, Mr. Magano. Is it Mangano?

MR. MANGANO:

Mangano, yes.

LEG. CARACCILO:

Yes, hi. Could you just state your affiliation again, please?

MR. MANGANO:

Yes. I'm with a group called the Radiation and Public Health Project. It's a non

profit group, we're based in New York City and our work is doing statistical and now the biological research on the connection between radiation from nuclear power plants or bomb testing and disease such as cancer.

LEG. CARACCILO:

Okay. I believe in your remarks you stated that you have undertaken or you're in the process of undertaking studies, case studies elsewhere in the country?

MR. MANGANO:

Yes.

LEG. CARACCILO:

You mentioned Florida, California.

MR. MANGANO:

Yes, the baby tooth study specifically, yes, we're looking at -- we've collected teeth from there as well.

LEG. CARACCILO:

Okay. Given the narrowness of Suffolk County, I mean, at its widest point it's only 20 miles, and even its length, we're talking about a very small, geographical area. Why would you think intuition, experience, otherwise, why would you think this one area, which I guess if you were to put a circle around that Stony Brook area, it looks like Stony Brook, Setauket, and how far west does that go?

MR. MANGANO:

In your handout there's a list of the zip codes here.

MR. SNELL:

West of Smithtown.

LEG. CARACCILO:

West of Smithtown? Okay. I mean, that's not a very large geographical area.

MR. MANGANO:

No.

LEG. CARACCILO:

I think you correctly stated that there certainly could be other factors. Could

there be genetic factors? One's occupation, you mentioned pregnant women, if they receive x-rays during pregnancy, could be a contributing factor. Could you provide us with a list of all of the possible factors, besides those you enumerated today, that could be factors? Because it runs against intuition when you look at the map, and you understand the windrose Patterns for prevailing winds here in Suffolk County, that makes absolutely no sense whatsoever.

MR. MANGANO:

You're absolutely right, it does run counter to intuition. However, for whatever reason, not only are we seeing more cancer but we're seeing, at least in this particular factor which is this one, a higher level of radiation in children's bodies. Why? We simply don't know. We've sat and brainstormed a number of times, we just don't know. We would have to find out more about this particular area, what industries are in the area, where do people work, is there something in the water in their by, were there chemical plants there currently or years ago. Is it something about the people themselves, you know, especially the Rhabdo people, are they under any particular particularly high risk as compared to other people who live in Suffolk County? You asked me to provide a list, I could, I'd probably be up here weeks and weeks. In general, you look at things like parents occupation, environmental and industrial --

LEG. CARACCILO:

Pollution.

MR. MANGANO:

Pollution in the area, right, you look at genetic factors among the children that have been taken ill, it goes on and on. Again, we're looking at just one particular area in depth but we would look at other areas under such a grant. We would do some sort of topographical review of the area, we would do a run down of industries and census data, where people work and occupations and such, just to see if there's anything different about this area. That's the point, what is different about this area? We have knocked our heads, we need to do a lot more of it, but we've come up with nothing so far. Why is this place different? You know, it's a bunch of small towns, it's picturesque, it's on the sound, a middle class area like much of the County is.

LEG. CARACCILO:

Where exactly is Oyster Creek and Ocean, New Jersey, is that anywhere near Tom's River?

MR. MANGANO:

Yes, Oyster Creek is about nine miles from Tom's River.

LEG. CARACCIOLO:

And as you are probably aware, Seeba Gideny Has a plant there that within the last four or five years there's been a class action suit brought against them because of ground water contamination.

MR. MANGANO:

That's right.

LEG. CARACCIOLO:

And there's a high incidence there of all types of childhood cancers.

MR. MANGANO:

Very good, there's a childhood cancer, it's been certified as a cluster by both the State of New Jersey and the Federal Government as well.

LEG. CARACCIOLO:

Okay. Now, I point that out because there seems to be an attempt here in this presentation to suggest that these are downwind areas near nuclear plants. What nuclear plant specifically is downwind of Oyster Creek?

MR. MANGANO:

Okay. Oyster creek, again, is in Tom's River, New Jersey, which is sort of midway down in the states on the Atlantic Ocean, it's southwest of Suffolk County. The prevailing winds, at least in the summer time as we know, blow from the southwest towards the northeast. It's probably about -- I think to this closest point of Suffolk, I think Oyster Creek is like 55 miles away, all right. Another thing about Oyster Creek is that historically it is the second dirtiest of the 70 nuclear plant areas in the country, it is admitted the second highest level, the first is Dresdin In Jolie, Illinois, of radioactive chemicals, okay. Some go in the water, some go in the area and blow with the prevailing winds in general. Okay, that's one potential factor we looked at.

Another one is Indian Point which, as you know, is in Westchester County right near Peakskill, that's to the northwest of Suffolk County. And as we know, during the wintertime you just have to stick your head out the window and know that those cold winds are blowing from the northwest towards the southeast, again, generally in the direction of Suffolk County. Indian Point has not been as dirty, has not as dirty a record as Oyster Creek but it has had its problems, the most recent of course is that accident that occurred in February

which has shut one of the reactors since then.

The other closest plant, like I said, would be Millstone in New London, Connecticut, just a little north of Orient Point. Again, the prevailing winds generally do not blow towards Suffolk County but prevailing winds are prevailing winds, the majority of the time they blow in the direction -- winds fluctuate, of course, they blow in other areas. And since Millstone is so close to Suffolk, it may also have an impact as well.

See, with Strontium-90 there's only a certain limited number of sources of this, it's a man-made product. Before the atomic bomb there was no such thing as Strontium-90, it was made in, you know, nuclear operations to build bombs and to make power. So the only places that this stuff could come from would be from nuclear power plants, left over from nuclear bomb testing which -- in Nevada, above ground ended in 1963, or nuclear waste that's stored in these various plants. Generally those are well kept underground, there's not a whole lot of leakage into the general environment. And people -- and to get it in the body, people either breathe it in the air or drink it through the milk or the water or the meat or vegetables and so on, much of it is milk than water. So there's is a limited list of sources here. Again, when you have radiation, it's not marked this much came from Brookhaven, this much came from Oyster Creek and so on.

LEG. CARACCILO:

Is there a genetic link between offspring and parents that may have been exposed to these elements previously?

MR. MANGANO:

Excellent question. When children come up with Strontium-90 in their teeth or the buds -- what we call the fetal buds when they're born, there's two ways that they could have gotten it. One is through the mother's diet during pregnancy, the mother drinks milk with Strontium and it gets into the child, and the other is a residual passage from the mother to the child. You know, if the mother was born in the bomb testing era and still has remaining Strontium in her bones and her teeth, it will, through the reproductive process, some of it be passed on to the child as well. Again, difficult to --

LEG. CARACCILO:

So part of this study then would have to do biographical sketches of the parents, where the parents perhaps were raised. The fact that they now reside in these areas may in and of themselves not be the reason why the

children are experiencing these symptoms and disease.

MR. MANGANO:

That's quite right. We have already started to do a little analysis based on when the mother was born. Preliminarily, we found that the highest levels of Strontium in the kids are from mothers who were born in the early 60's which is the height of the bomb testing, right before the Treaty that Kennedy and Kruschef Signed.

LEG. CARACCILO:

Okay. Thank you very much.

MR. MANGANO:

Thanks.

CHAIRPERSON FIELDS:

Thank you. Legislator Caracappa?

LEG. CARACAPPA:

Thank you. Just a question or two.

MR. MANGANO:

Sure.

LEG. CARACAPPA:

First, the other hamlet surrounding the shaded areas, were they left out for a reason or there's just no activity?

MR. MANGANO:

No. No, these are arbitrary, I mean, I could have done the whole county. Of course, since this was the high Rhabdo area I started with it, I just wanted to compare it with some other areas. You know, I took the point farthest away, the east and the north and south forks.

LEG. CARACAPPA:

Right.

MR. MANGANO:

And then I tried the Brookhaven area because that would be a natural.

LEG. CARACAPPA:

The reason I asked that is because the areas of Selden, Centereach, Stony Brook, the red areas, the sheer numbers of children in that area probably outweigh other areas of the County due to the fact that it's -- all one needs to do is count up the elementary schools in Middle Country, Sachem, Three Village, Port Jeff, Comsewogue and they probably outnumber similar districts. The reason I say maybe it's a sheer number thing, and maybe -- I'm sure you're looking at this already, is because, again, the Selden, Centereach, Coram, Farmingville areas are middle class, middle middle class, two income families, a lot of young kids. Could that just be a factor for why that area is shaded and the numbers are so high?

MR. MANGANO:

No, the rates I came up with were per population age zero to nine.

LEG. CARACAPPA:

Oh, okay.

MR. MANGANO:

Like the hospitalizations you saw.

LEG. CARACAPPA:

And the hydrological flow from the lab, and I guess Scott Cullen, you'd know this better than most --

LEG. CARACCIOLO:

No way near, it doesn't go in that direction.

LEG. CARACAPPA:

It goes southeast, right. Every plume that's ever come out of there has always run southeast.

MR. CULLEN:

Not everyone, but the vast majority of them, yes.

LEG. CARACCIOLO:

The vast majority.

LEG. CARACCIOLO:

Joe, the groundwater divide generally speaking is along the spine of Suffolk County which is not exactly but close to Route 25. So the lab is located south

of 25, State Route 25, it flows to the south and to the southeast.

LEG. CARACAPPA:

Okay. Now just basic questions on the task force. What would be your mission, what kind of tasks will you take on, the whole outline line; what are you looking to accomplish other than, of course, finding what the problem is here and where's it coming from, but what's your game plan?

MR. MANGANO:

The simple answer is find out how bad the problem is and find out what might be causing it, all right? Much easier said than done. And specifically, how bad the problem is, we would probably do things like, again, extend that hospitalization map into ten years and do one for Rhabdomyosarcoma as well, see where -- because the State Health Department would not give Randy a zip code by zip code listing of where these children are from, we'll use the hospitalization instead, okay? We would also do the same thing for all cancers as well because, again, chances are if there's something, some factor or factors that's effecting Rhabdo in children, it's probably effecting and raising the risk of other cancers as well.

LEG. CARACAPPA:

Who do you plan to enlist to do the research for you and to guide you in where you want to go?

MR. MANGANO:

In our group there is myself, I'm a statistician, and we have a physician, Janette Sherman, she's a toxicologist from Washington who not only knows radiation but knows about chemicals as well, pesticides and so forth, she would help. We have a computer consultant, a gentleman named Bruce Mesch From New York City who has all this New York State data from the last ten years.

LEG. CARACAPPA:

And Scott, I guess if I can address this question to you, this would be made up -- it would kind of be like a subcommittee of the -- who's the sponsor, Michael?

CHAIRPERSON FIELDS:

No, I am.

LEG. CARACAPPA:

This would be made up of a subcommittee of the Carmen's River Study, didn't

you mention that to me?

LEG. CARACCIOLO:

No, no, no.

LEG. CARACAPPA:

Or using the same people, something like that?

MR. CULLEN:

No, separate.

CHAIRPERSON FIELDS:

No.

LEG. CARACAPPA:

No, nothing like that?

CHAIRPERSON FIELDS:

There may be one person.

LEG. CRECCA:

Yeah, I'm concerned who's going to be on this.

LEG. CARACCIOLO:

This is an advisory group and when we get to the resolution, I'd like to suggest some changes.

LEG. CARACAPPA:

I don't have it in front of me.

CHAIRPERSON FIELDS:

Just for Legislator Caracappa, the Chair of the County Health Committee; Dr. Roger Grimson from the University of Stony Brook, the Chair of the Suffolk County Legislature Brookhaven Laboratory Task Force, all the same person; the third one would be the County Executive or his or her designee; number four would be Dr. Mina Barrett From the Breast Cancer Advocacy group known as One-in-Nine; five would be a representative from the organization Seeking Answers About Rhabdomyosarcoma in Children, which is SEARCH; number six would be a representative from the Standing for Truth About Radiation, STAR, a Rhabdomyosarcoma working group which has been awarded a grant to secure the service of an appropriate public health official to participate on the task force; number seven would be the County

Commissioner of Health Services or her designee who shall serve as Chairman of the commission; number eight would be a representative from the County Legislature to be selected by the Presiding Officer; and number nine would be a representative from the public health community to be selected by the County Legislature.

LEG. CARACAPPA:

Okay. Down in the eighth RESOLVED clause, you talk about informing the Legislature within six months of the first meeting if it anticipates any expenditure of County funds. Is there a preliminary

feeling if that's going to be the case and numbers associated with it? No, not at this point in time?

MR. CULLEN:

No.

CHAIRPERSON FIELDS:

No, but I -- in speaking and having some conversations over the last five or six months with many of these gentlemen, we did discuss a survey going out by Suffolk Life to people who live in the County and getting more information from people regarding who has it and maybe some other statistics.

LEG. CARACAPPA:

If there needs to be County funds used, will the committee come before the Legislature, would there be a resolution?

CHAIRPERSON FIELDS:

I would definitely do that. I would like to follow this through.

LEG. CARACAPPA:

Okay. Well, just for my own edification --

CHAIRPERSON FIELDS:

Randy has something, I think he wants to answer something that you asked.

MR. SNELL:

We feel that this whole -- that the Rhabdo issue is a microcosm of the entire childhood cancer problem in Suffolk County and long Island. If you look at the statistics, every five days -- every three days on Long Island and every five days in Suffolk County a child is diagnosed with cancer. And when us the parents go into the hospitals, nurses will take us on the side and say, "You're

on the right track." I mean, they don't want to come up and speak out but they tell us, "We're getting a new child in the emergency room every other day with cancer," whether it's Leukemia, whether it's brain tumors, there's a problem here. And the nurses and the hospital people don't want to speak out to make waves, but they keep encouraging us, just as a side note.

LEG. CARACAPPA:

Well, I'm certainly not asking these questions to play devil's advocate, just for my own edification. And I'm of course going to support this and I will support in the future any funding that's necessary to move forward.

MR. SNELL:

Thank you.

CHAIRPERSON FIELDS:

Thank you. Marianne Zacharia.

MS. ZACHARIA:

Hi, good morning. My name is Marianne Zacharia, no one ever gets my name right.

CHAIRPERSON FIELDS:

Sorry.

MS. ZACHARIA:

That's okay, I've been called worse things. I'm the Director of Education and Advocacy for the American Lung Association of Nassau/Suffolk, and I came this morning to speak in regards to the youth tobacco possession law which has -- which Legislator Fields has written, rewritten. And I just wanted to reiterate the fact that the American Lung Association still does not support youth possession laws, and this includes the latest version, to confiscate cigarettes from minors.

If the goal of this law is to empower the adults over kids smoking then I'd say that this law suits that purpose, but if the goal is to prevent the kids from smoking then I'd say that this law is going to fail; it simply will not have that effect. I would caution members of this Health Committee to rely on anecdotal testimony from people who say that these laws are successful. What is their definition of success? I think sometimes people tend to feel things are successful if they get good press out of it, if people in general are saying, "Oh yeah, that's great," pats you on the back, it's working really well. Well, there is no scientific evidence that proves that these types of laws are

successful. In fact, some of the highest rates of smoking prevalence by youth occurs in states that do have youth possession laws. There are currently 42 states in the United States that do have youth possession laws, and the only states that consistently show a decline in youth smoking rates are those that have implemented a comprehensive tobacco education program. So I would say this, that it is the comprehensive tobacco education program that is working to lower the rates of tobacco use in youth and not these youth possession laws.

I don't think that we should be wasting our resources on a law that really is going to do nothing to lower the numbers of kids smoking cigarettes. And I would much prefer the money to go to a proven method of tobacco control which is the Comprehensive Tobacco Education Program. Thank you.

LEG. CRECCA:

Thank you.

CHAIRPERSON FIELDS:

William Theobalt?

MR. THEOBALT:

Hi. My name is Bill Theobalt, I'm here with my wife Lori today. My son was also diagnosed with Rhabdomyosarcoma; he got it in '96 and he passed away in 1999. With the three year battle that we went through, obviously I've made numerous phone calls across the state and every time I would call somewhere and talk about Rhabdo they were like, "Well, there's none of that here. If you call Vermont or wherever you were going to call, it's very, very rare," and that's what we were told when he was diagnosed in New York City. From there we had transferred him from New York to Stony Brook Hospital and we were bouncing back and forth and during that time I was making numerous phone calls to see what I could do to save my son, going as far as going to Milan, Italy, if I had to, but unfortunately the cancer is here and not there.

And one of the most disturbing things after my son did pass away after all we'd been through, I had gone to a meeting and one of the mothers says, "Well, take a look at your son's death certificate and see what it says", and I have it with me and it says he died of natural causes. He died in New York City, I questioned the Health Department in New York City and they said there was a law passed in '99 that all the children will go down as natural causes. Well, while I was in NYU I knew three other Rhabdomyo cases east of us in Suffolk that I could

not get any data on or anything else because the Health Department now has said that they will go down as natural causes and I have his copy right here of that.

CHAIRPERSON FIELDS:

Have they said why it's indicated as natural causes?

MR. THEOBALT:

Well, according to them, their statistics are all screwed up in the city and they felt at this point, this is why they have to put it down because of lawsuits.

CHAIRPERSON FIELDS:

Dr. Bradley, do you have any different information as to why they would write that on a death certificate?

COMMISSIONER BRADLEY:

In New York city? I have no idea.

CHAIRPERSON FIELDS:

Okay, thank you.

MR. THEOBALT:

But as you know, most parents are going to take their children to the city and they're going to see a lot more cases of this cancer than we are and I know they're in there. But we have never been able, and this is one of the reasons we're looking for this survey of Long Island, to see how many more there are out there because I know they're there.

LEG. CRECCA:

If I can just ask a question, Madam Chairman?

CHAIRPERSON FIELDS:

Legislator Crecca.

LEG. CRECCA:

The -- I would assume that most of the kids who are suffering from this or any other cancer at some point are going to be in a Suffolk County hospital at some point, or is that not true? I guess that's my first question.

MR. THEOBALT:

First of all, that's not necessarily true. I know we have another parent here that was totally treated in Sloan, and like I said, most people do stay in the city; I felt when chemo became chemo I would go back and forth. The other thing you had brought up is where people live. I happen to live in one of the hot areas in Setauket, I lived in Stony Brook almost my whole life and so does my wife and there is no cancer in our families, so this is -- this came out of left field when my son came down with this rare cancer.

LEG. CRECCA:

I guess my question is where are we collecting the data that we're getting now, is it from the hospitals?

MR. THEOBALT:

Well, the data we're getting now is basically Randy and I met one day from a newspaper article back in '96 and it's been just through word of mouth because it's like forget about -- I mean, there are some hospitals you get a little more leaks out of than others that we get names from but, I mean, when you got into the city it was very hush hush and you couldn't get any information from any of the doctors or even how many cases. But of course a nurse here or there would slip, and right when my son passed away there were three more from Suffolk County but I could not get the names.

LEG. CRECCA:

Commissioner, is there a way that you know of that we collect data from hospitals, not just causes of death but of reported disease or diagnoses?

COMMISSIONER BRADLEY:

Do you want me to come up?

LEG. CRECCA:

Yes, if that's all right with the chairman, Chairwoman.

CHAIRPERSON FIELDS:

Yes, thank you for noticing.

COMMISSIONER BRADLEY:

Cancers are one of the reportable diseases, so we should get information at diagnosis as well as at death or mortality. Many of the hospitals have cancer registrars, many of them do not, but they are required to report this information to the State Health Department, it does not get reported to us. And when it comes to cancers that are very rare we don't even get the information because of confidentiality issues, they won't let us know if there is

one rare cancer in a particular zip code because of the fear that it would be able to be determined who the case was because it's so rare. We had that with the cluster of lymphoma out in East Hampton. In terms of breast cancer, the rates are high enough that they would share that with us. So for Rhabdo, I don't even know where the cases are; the State knows where the cases are, I do not.

So it is a reportable disease so that providers are required but don't always report. I mean, we know that from sexually transmitted diseases, from everything, that that's not --

LEG. CRECCA:

Why is that, that they don't report, do you know; is there a reason?

COMMISSIONER BRADLEY:

I don't think it's intentional.

LEG. CRECCA:

Oh, okay.

COMMISSIONER BRADLEY:

I think it's just that they don't get around to filling out the appropriate forms. You would think, though, that for certain cancers where there is a tissue diagnosis that the pathologist would be better at doing that, but I don't know the answer to that. But I know there is not always a hundred percent reporting with cancers. The State, according to them, have looked at their data and have tried to determine how efficient or effective they are at reporting and they have been reviewed by an outside organization and feel that they're very accurate. I can't comment on that.

LEG. CRECCA:

And one other question. If you were to request as Commissioner of Health for this information which they're holding back about this particular type of cancer, your feeling is you would probably be denied because of --

COMMISSIONER BRADLEY:

They may give it to me. I mean, in general they do not share that information with us and they've told us that by their rules and regulations in terms of being the cancer reporters for the State, they're not supposed to. We may be able to -- if we go forward with the task force, we may be able to access that

information.

LEG. CRECCA:

That was my concern, I don't need it now, I don't need it tomorrow, but if we're going to do this task force we certainly would want to get all the information we could. And I know you're -- if we approve the task force, you'll be one of the members on it.

COMMISSIONER BRADLEY:

Right.

LEG. CRECCA:

So I'll leave it at that.

LEG. CARACCIOLO:

Dr. Bradley?

MR. SNELL:

I can probably better answer some of those questions. The New York State Cancer Registry is approximately three and a half years behind, so we only got data for '96, we don't have it for '97, '98, '99 --

COMMISSIONER BRADLEY:

I have '97, data for Rhabdo.

MR. SNELL:

You have '97, okay. And as far as the breakdown of where kids go in the hospital, according to Dr. Robert Parker, the Chief Oncologist at Stony Brook, he gets approximately 30% of the cases of childhood cancer in Suffolk County.

LEG. CRECCA:

Right.

MR. SNELL:

The rest of them will go either to north shore, or go to Schneider's or go to Sloan or go to NYU, Columbia Presbyterian all in the city, so he's only looking at about 30% of the cases. Yet according to New York State, over a two year period he saw 88 cases which does not match up with the State. And some of our Rhabdo cases we've updated the New York State Cancer Registry with with cases that they did not have of children who moved away and got cancer one -- a year later or something like that.

LEG. CRECCA:

Thank you.

CHAIRPERSON FIELDS:

Thanks. Legislator Caracciolo.

LEG. CARACCIOLO:

Thank you. Dr. Bradley, just to pick up on that last point of discussion. When a parent takes a child out of the County to some other medical facility for treatment, diagnosis -- diagnosis and treatment, does that other hospital facility, is there any requirement for them or the health care provider to notify either your office or someone in this County or someone in the State that there is an incident of disease and it relates to a Suffolk County resident, although that person is being treated elsewhere?

COMMISSIONER BRADLEY:

In terms of cancer, they would never report to the local County Health Department, they have a requirement to report to the State Health Department. So they are supposed to, when they report the case, say what the residence is, so if they're in New York City they're supposed to stay it's Suffolk County, that the child lives in Suffolk County.

LEG. CARACCIOLO:

So when the State receives that data, it would be recorded as a Suffolk County case as opposed to a New York city case; I see Mr. Mangano shaking his head, that is correct.

COMMISSIONER BRADLEY:

Yes, by residence.

MR. MANGANO:

By residence of the person.

LEG. CARACCIOLO:

Okay. So I think that speaks to the issue of whether or not a person is treated here or elsewhere, they're still being reported as a Suffolk County resident with some type of cancer or disease.

COMMISSIONER BRADLEY:

Right.

LEG. CARACCIOLO:

Okay. Can you share with us any information you have about this issue and

rates in Suffolk County and give us sort of an historical perspective?

COMMISSIONER BRADLEY:

The information I have is from the State Health Department and --

LEG. CARACCILO:

Is your mike on? You sound very low.

CHAIRPERSON FIELDS:

I believe that mike is lower than the other ones are, maybe we could just switch mikes.

COMMISSIONER BRADLEY:

As has been said today, there had been some meetings between SEARCH and the State Health Department. I have received some of the information because of those meetings and I have a handout here that I would be happy to pass out which the first sheet, which was prepared by the State Health Department, has the reported cases of Rhabdo in Nassau and Suffolk through 1997. And there are -- it averages between zero and -- the high year was '96 where there were five cases in Suffolk County, in '97 there was one case in Nassau and one case reported in Suffolk.

The second page is Rhabdo cases for Suffolk County looking at the yearly rates as well as a five year moving average. And Rhabdo is a very rare cancer and, as I said, there can be zero cases one year, there can be five cases another, and that's a huge difference if you look at percentages. If you looked at something like breast cancer it would be more stable, but when you're talking about something that's rate, the rates are going to go all over the place, so that's why we look at a five year moving average. And you can see that if you look at just the yearly average it goes up and down, so that's why we try to look at the five year average.

LEG. FOLEY:

Commissioner?

LEG. CARACCILO:

Whoa, whoa, whoa.

LEG. FOLEY:

Sorry, Michael.

LEG. CARACCILO:

Go ahead. I think -- well, I requested the information, I think we should give the Commissioner an opportunity to make a presentation.

LEG. FOLEY:

I'm sorry.

COMMISSIONER BRADLEY:

Okay. And then the last page is the same rates for Suffolk, Nassau and Upstate with Suffolk being the diamond, Nassau being the square and Upstate being the triangle. And if you look at Suffolk which is the diamond, you know, it's been similar but this is only through '95, and we know in '96 there were five cases which was larger. If you look at statistical significance for the cases that are reported to the State -- now, I know that there's many people that believe there are many case that don't get reported. If you look at that and look at statistical significance, there doesn't appear to be a difference between the Suffolk rate and the State rate or the Upstate rate or the Nassau rate.

LEG. CARACCILO:

In terms of the chart that we have been presented with and the presentation that was made, prior to this presentation were you familiar with this cluster in north, central Suffolk county, in the Stony Brook/Setauket area?

COMMISSIONER BRADLEY:

I had heard of the claim but I had never seen the data. And I know that, as was said, these cases were brought to the attention of the State Health Department, and this is all secondhand because I wasn't a part of this. The State said that there was only one case, and I don't know, you may have different information, that only one of those cases was not already reported in the registry. But I have been an outside bystander, I have not participated in those meetings, so this was new, I had never seen this before.

LEG. CARACCILO:

Okay.

COMMISSIONER BRADLEY:

And as I said, I don't know where the cases are.

LEG. CARACCILO:

With respect to the resolution, do you have a position regarding the

resolution?

COMMISSIONER BRADLEY:

Looking at what the rates are, they don't seem to be significant but there is a major concern in this area, there are a lot of people that believe that reporting is not accurate and that there appear to be clustering of cases. So I think it may --

LEG. CARACCILO:

So you would support the resolution.

COMMISSIONER BRADLEY:

Yeah. I think it may --

LEG. CARACCILO:

You would chair that group --

COMMISSIONER BRADLEY:

I know, I know.

LEG. CARACCILO:

-- so I want to make sure that you are supportive of the resolution.

COMMISSIONER BRADLEY:

Yeah, yeah.

LEG. CARACCILO:

Okay. And I know and I have a strong comfort level that you certainly would not go into that position or capacity with any prejudice or bias one way or the other. When we get to the resolution, Madam Chair, I do have a concern about some of the other suggested representatives, but we'll take that up when we get to the agenda or the resolution itself. Thank you.

CHAIRPERSON FIELDS:

Legislator Foley.

LEG. FOLEY:

I thank you very much. Commissioner, thanks for the information. Just looking at the first page, it speaks to the reason why we really do need to have this task force. Because the presentation made earlier by Mr. Mangano I think focused more on children from the years of ten and younger, whereas

when you look at the first page here, these numbers are for persons under the age of 20. There is not, let's say, a subset of children under the age of ten with the information that was handed -- that you had just handed out. So I think this is just another reason why, you know, it would be one of those -- not just an interesting but an important fact to look at, not only under the age of 20 but also at issue today, at focus today are particularly those children, those boys and girls who are ten and under which these statistics include but don't, let's say, identify as a subgroup of the under age -- under 20 years of age folks who are inflicted with this disease. So again, that's another reason, Madam Chair, why I'm happy that you've sponsored a resolution why we do need to approve it as soon as we can in order to get moving on this issue.

CHAIRPERSON FIELDS:

Thank you. I think it's particularly interesting in one of the handouts that we received that it says, "Four cancer types occurred more often among children of fathers in specific radiation related occupations. Rhabdomyosarcoma among children whose fathers were petroleum industry foremen, Retinoblastoma among children whose fathers were radio and television repairman, Central Nervous System Cancers and other lymphatic cancers among children of Airforce fathers." So whatever the cause, whether it's related environmentally or it's genetic, I think it will be very interesting to get some of these survey results and, you know, at least try to figure out where it's coming from. Thanks, Dr. Bradley. No questions further then on that. Okay, we have Scott Cullen.

MR. CULLEN:

Thank you. I'll be brief. My name is Scott Cullen, I'm Counsel for the STAR Foundation and we started working on this issue in 1997 when Randy, who is a member of our organization, brought it to our attention and we created what we call our Rhabdomyosarcoma Working Group, and at that time we knew of about nine cases and since then a lot of the other ones have come to light.

A lot of this has been done by people like Randy and Bill and these other parents who have just been out there in the hospital wards learning about this and I think it really draws out the prime issue in my mind which is really the reporting flaws. And the story you heard about them being in the hospital and hearing about three other cases in Long Island and I think that's really the urgency to this, is finding out exactly how severe of a problem this is. We don't know what's creating this, we don't know how broad of a problem this is and I think that this task force will really go far towards working on that

issue.

And I just wanted to point out that when Dr. Grimson reported back to the Legislature from the BNL Task Force that was created to look into problems surrounding Brookhaven National Lab, Dr. Grimson recommended that the Suffolk County Legislature follow up on this and monitor this incidence. So it's very appropriate because he did point that out.

LEG. CARACCILO:

Scott, as you know, Dr. Grimson works at Stony Brook, there is a relationship with the lab. And your organization, among others, have always approached this Legislator with cause of concern in terms of the relationship between the two, and that is the problem I have with the resolution, that Dr. Grimson would even be on this task force.

MR. CULLEN:

Quite honestly, to respond, I think that he's spent so much time on this issue that he should be on it, though, because he has done some of the leg work and I think that it should be an inclusive committee really. And I would actually support him being on it because I think, you know, he has had this involvement to this point.

And the only other point I really wanted to make really quickly was that we have gotten funding from a foundation that paid for some of the work that Joe has done so far and what we would plan on using our funding for is to fund -- we've gotten preliminary commitments from an epidemiologist from Queens College, a medical doctor that Joe mentioned, Dr. Janette Sherman from Washington D.C., as well as a researcher from the University of North Carolina who would all participate on this, and we would coordinate that through the foundation grant we had, take care of all their services to participate in this process.

CHAIRPERSON FIELDS:

Legislator Crecca.

LEG. CRECCA:

I think Legislator Caracciolo does bring up a legitimate concern at least with Dr. Grimson. I guess my question would be -- but we certainly wouldn't want any information he has not to be shared with the task force, we certainly would want them to have that. What would your position be on that doctor serving in an advisory capacity to the task force where he could share his information but not necessarily, you know, be a determinant of the final

report from the task force?

MR. CULLEN:

I think that if the task force was created that there would be open and frank discussions. I'm on a committee right now that was mentioned before that's working with Dr. Bradley on looking into contamination from Brookhaven and the Peconic River and the committee has worked very well, her involvement has been more than objective and everybody on the committee has had nothing but great things to say about her and I think that this committee would work in the same capacity. And I think that because he's got such a history, you know, that his involvement is probably very warranted because he is one of the few people in the area who has spent so much time looking into it.

LEG. CRECCA:

I guess the question comes down to do you recommend his involvement in an advisory capacity or as an actual member of the task force in a non -- you know, in a non advisory, and if you don't understand what I mean --

MR. CULLEN:

No, I do.

LEG. CRECCA:

Okay.

MR. CULLEN:

And I would say if I had to choose one or the other, I would rather just see him on the committee then and being a part of it, because he has had that involvement and I think to take him out at this point probably wouldn't be wise. I mean, there have been people who have had problems with him and the fact that he works at Stony Brook, but I think that this is going to be such a diverse committee with people from all over that that wouldn't matter one way or the other.

LEG. CARACCILO:

Question.

LEG. CRECCA:

Thank you.

LEG. CARACCILO:

Which of the river study committees, task force are you referring to?

MR. CULLEN:

Well, there's a couple now, but there's the one that's actually overseeing the health and environmental assessment, you know, the Community Oversight Committee that was created that also is now charged with overseeing the clean-up and making recommendations on that, and Dr. Bradley has been very involved in that process..

LEG. CARACCILOLO:

Is that the RFP committee?

MR. CULLEN:

Well, that's a portion of it. The RFP Committee that --

LEG. CARACCILOLO:

Because you had an advisory role on that.

MR. CULLEN:

On that, right.

LEG. CARACCILOLO:

Okay.

MR. CULLEN:

But we help draft the RFP's that sent out those bids and have been involved in that committee process from the -- with the committee that you helped set up for that process and worked with her very closely.

LEG. CARACCILOLO:

Okay. I still feel that Dr. Grimson should be a part of this but in an advisory capacity to avoid any potential conflicts of interest, and I see some of the parents in the audience nodding their head in affirmation that they agree with me.

MR. CULLEN:

I would imagine. I mean, I think as long as he's involved one way or the other that that's okay.

LEG. CARACCILOLO:

Thanks.

MR. CULLEN:

Thank you.

CHAIRPERSON FIELDS:

Thank you. Patrick Ahearn?

MR. AHEARN:

Good morning. My name is Patrick Ahearn, I live in Nesconset, New York. I think anything -- there's not a whole lot I can add to I think what Randy has already said, I have a similar story. I'm a member of SEARCH. My son Dillon was diagnosed with Rhabdomyosarcoma in the Spring of '96, he went through a year's worth of treatment at Memorial Sloan-Kettering and Children's Hospital up in Boston. He's been in remission three years which is fantastic, he's very fortunate, we're very fortunate.

I don't have any agenda here this morning other than to ask your support. I feel like maybe I'm preaching to the choir at this point, a little redundant asking the Health Committee's support in this resolution to form the task force. I have no agenda. I could care less, quite frankly, about Brookhaven Lab, I barely know where it is and I live in Nesconset. Class action suits, lawsuits, any underlying agenda or suggestion of agendas of that nature, I have only one, to ask your support for the task force.

I could be a little presumptuous and tell you that I think I could speak on behalf of several other parents that belong to this group SEARCH, I got involved in it with Randy I guess almost three years ago now when my son was coming out of his treatment. These numbers are real, I don't suggest -- I don't want to suggest that you doesn't believe that, but there's a family behind every one of those numbers I was fortunate enough to be able to sneak out of work and be here today, I wish everyone else could be here, but we all have the same story. And maybe to reduce this whole thing to simpler terms, I think the numbers speak for themselves. We were told at Sloan-Kettering that our son had a better chance of getting hit by lightning than to be diagnosed with this cancer. There's something wrong here, there's something very wrong, if you just reduce it to simple numbers, what's going on in this local region as compared to the rest of the country or any other regions in the country. I appreciate you giving us the time to present our case. Thank you very much.

LEG. CRECCA:

Thank you.

CHAIRPERSON FIELDS:

Thank you for coming. I just have one question for Dr. Bradley. Is there any way that the New York City Health Department could change the way that they indicate the cause of death on there?

COMMISSIONER BRADLEY:

I think we need to research that. Let me give them a call to find out what the law is and whether we practice it.

CHAIRPERSON FIELDS:

Could you hear that?

MS. MAHONEY:

Yes.

CHAIRPERSON FIELDS:

Okay, thanks. Thank you very much, because that seems like -- I mean, in my background, when we diagnosed anyone with cancer in all the facilities that I've worked at, we generally did suggest that they go for a second opinion in Manhattan and I think that is the general consensus amongst Long Islanders who researched the problem, and I think that would be of great benefit. Thank you very much.

CHAIRPERSON FIELDS:

Anyone else? Okay, I guess we'll move on to the agenda.

1767-00 - Creating a Suffolk County Legislature Rhabdomyosarcoma Task Force (Fields).

LEG. FOLEY:

Motion.

CHAIRPERSON FIELDS:

I would second it.

LEG. CARACCILO:

On the motion.

CHAIRPERSON FIELDS:

Legislator Caracciolo.

LEG. CRECCA:

Are you taking it out of order?

LEG. CARACCILO:

I would like to request --

CHAIRMAN BISHOP:

Oh, I'm sorry. I would make a motion to take it out of order.

LEG. FOLEY:

Second the motion.

LEG. CRECCA:

Yeah, that's fine. I just wanted --

LEG. CARACCILO:

The Chair was looking at the first item which was discussion.

LEG. CRECCA:

Right, I just got confused, but that's fine, let's take it out. It's been the subject of discussion.

LEG. CARACCILO:

I understand you'd like to take it out of order and I think it's timely to do that. I just have a question about the resolution.

CHAIRPERSON FIELDS:

Go right ahead.

LEG. CARACCILO:

First as I related two minutes ago, Dr. Grimson was the individual that was the Chair of the Brookhaven Lab Task Force and as the individual who appointed him to that position, I have the utmost respect for Dr. Grimson. However, there has over the years been some concern among some groups about the relationship, especially now that Brookhaven Lab is under a management agreement with Stony Brook, about the relationship of employee/staff and individuals like Dr. Grimson.

That being said, I would suggest that he be a member of this commission in

an advisory capacity and an advisory capacity only where he can provide the group with the information that may be helpful and instrumental and assisting them in carrying out their duties but not a voting member. So I would request that the resolution be amended to that extent, and if we can do that by --

CHAIRPERSON FIELDS:

Who would replace him; do you have a suggestion for a replacement?

LEG. CARACCILO:

I would like to consider someone like Pete Maniscalco as a replacement.

CHAIRPERSON FIELDS:

Scott --

LEG. CARACCILO:

But I would like to speak to Peter first and see if he would be available.

CHAIRPERSON FIELDS:

-- or Randy, do you have a problem with that suggestion?

MR. SNELL:

I have no problem with him not sitting on the board.

LEG. FOLEY:

Madam Chair, was there a reason why you wanted to have Dr. Grimson on as a member?

CHAIRPERSON FIELDS:

It was suggested by many meetings that we've had with some of these people.

LEG. FOLEY:

Okay.

CHAIRPERSON FIELDS:

And his background.

LEG. CARACCILO:

As I noted earlier, I saw some of the parents agree with my concern about Dr. Grimson in a full capacity. I don't have any problem with him in an advisory capacity. So if we want to keep the group at nine --

CHAIRPERSON FIELDS:

May I just ask, the man that you suggested, what is his title or background?

LEG. CARACCILO:

Pete Maniscalco?

CHAIRPERSON FIELDS:

Yes.

LEG. CARACCILO:

Pete has been active in issues like this for the last 30 years. He is one of the most preeminent environmentalists in Suffolk County and someone who I know has his heart and his mind in the right place and will do justice to this committee as he has in all of the environmental courses he's been engaged in. He has the respect and admiration of foe and pro and con people who agree or disagree with them. He's a superb individual and would serve in a very genuine and sincere and professional way.

CHAIRPERSON FIELDS:

Okay.

LEG. CRECCA:

Counsel, can we amend this right now in committee, and approve it with the amendment?

MR. SABATINO:

If you are going to make an amendment you have to come up with the precise change before we vote. So is this individual going to serve has he been approached?

LEG. CARACCILO:

Well, that's what I said. I mean, I would like to speak to him, make sure he'd be available, he's involved in a lot of organizations and a lot of --

LEG. CRECCA:

We could --

CHAIRPERSON FIELDS:

So we could not move this out of committee unless --

LEG. CRECCA:

Well, we could -- I just want to make a suggestion of a way we could do it.

We could have that doctor's name or such other doctor --

CHAIRPERSON FIELDS:

Is he a doctor, Mike?

LEG. CARACCILO:

No, no, no.

CHAIRPERSON FIELDS:

He's not a doctor; that's why I asked for a title.

LEG. CRECCA:

Oh, I'm sorry. I'm saying we could have that individual or such other individual to be appointed by the Presiding Officer. It's just a way of getting it out of committee today.

LEG. CARACAPPA:

Madam chair, another recommendation. We could pass it as is and seeing that the meeting is next Thursday as opposed to Tuesday, we fall under the seven day rule if that change is made after this meeting.

So we can approve this now the way it is and make that change after the meeting and have it fall under our seven day rule.

LEG. CRECCA:

That's a great idea, Legislator Caracappa.

CHAIRPERSON FIELDS:

Might I ask you, Legislator Caracciolo, to reach out to him possibly today --

LEG. CARACCILO:

I will.

CHAIRMAN BISHOP:

-- and see if we can get an answer. What's our time limit?

LEG. CARACAPPA:

Five o'clock today.

MR. SABATINO:

Today is the deadline, you have to have finality before the day is over.

LEG. CARACCILO:

I will make every effort to do so.

CHAIRPERSON FIELDS:

Thank you. I would be willing to make the amendment as the sponsor of the bill to change that.

LEG. CARACCILO:

Okay.

LEG. CRECCA:

Did we have a second on the motion to approve already?

CHAIRPERSON FIELDS:

I think he wasn't finished speaking.

LEG. CRECCA:

Oh, I'm sorry.

LEG. CARACCILO:

Well, we can't really approve the resolution than today can we, Counsel.

LEG. CARACAPPA:

Yes, we can.

CHAIRPERSON FIELDS:

Yes, we can.

LEG. CARACCILO:

Oh, we can and then amend it under the seven day rule?

CHAIRPERSON FIELDS:

Right.

LEG. CARACCILO:

All right. Okay, then I will support the motion to move forward.

CHAIRPERSON FIELDS:

Okay. So we had a motion to approve and a second. All in favor?

LEG. FOLEY:

Aye.

CHAIRPERSON FIELDS:

Opposed? Abstained? **It's approved (Vote: 5-0-0-0).** Thank you very much for coming.

MR. SNELL:

Thank you.

Tabled Resolutions

CHAIRPERSON FIELDS:

IR 1081-00 (P) - Adopting Local Law No. 2000, a Local Law to establish animal rights advocacy policy (Fisher).

LEG. CRECCA:

Motion to table.

MR. SABATINO:

Madam Chair, 1081 has --

LEG. FOLEY:

The six month rule.

MR. SABATINO:

Has expired under the six month rule, so it really should be --

LEG. FOLEY:

Stricken.

MR. SABATINO:

-- off the agenda.

CHAIRPERSON FIELDS:

Okay, thank you.

1425-00 (P) - Adopting Local Law No. 2000, a Local Law to ban the purchase of tobacco products by minors in Suffolk County. I'll make a motion to approve.

LEG. CARACAPPA:

Motion to defer to the end of the agenda.

LEG. CRECCA:

Second.

CHAIRPERSON FIELDS:

Okay. All in favor? Opposed? **It will move to the end of the agenda.**

1693-00 - Adopting Local Law No. 2000, a Local Law to adopt County-wide Pesticide Notice Provisions (Carpenter).

LEG. FOLEY:

Motion to approve.

CHAIRPERSON FIELDS:

I would will second the motion. All in favor? Opposed? **Approved (Vote: 5-0-0).**

1702-00 (P) - Establishing moratorium for Sunrise Assisted Living at Dix Hills Project in Dix Hills pending disposition of public water conflict (Binder). Do we have a motion?

LEG. FOLEY:

Can we have an explanation on this?

LEG. CARACCIOLO:

Was this withdrawn?

LEG. CRECCA:

Yeah, I was going to say, can Counsel give an explanation?

LEG. FOLEY:

Is this similar to the water conflicts out west which caused those range wars out west, or what's the reason for -- what is the public water conflict in the Dix Hills area?

MR. SABATINO:

Well, as it was explained at the last --

LEG. FOLEY:

Some members say this bill may have been withdrawn.

LEG. CARACCIOLO:

Was this the one that Allan withdrew or is there another resolution?

MR. SABATINO:

No, this was not withdrawn. This was based on two conflicting recommendations from the same engineering firm, one that was dated February of this year and the other which was dated shortly thereafter in the same year, basically making two contradictory conclusions with regard to whether or not this particular facility would be able to have adequate water connection. So what the resolution is calling for is the Health Department to decline to take any action until there can be some kind of independent determination as to which of the two opinions from the engineering firm is the correct one.

CHAIRPERSON FIELDS:

Commissioner Bradley? I'm sorry.

LEG. CARACAPPA:

Are we prime?

LEG. FOLEY:

Yeah, we're prime but I don't know what kind of -- I mean, this is something unprecedented.

COMMISSIONER BRADLEY:

We originally had the two letters.

COMMISSIONER BRADLEY:

You have the bad microphone.

COMMISSIONER BRADLEY:

We originally got two letters, one that said -- from I believe the Dix Hills Water District, the capacity would be there for April of 2001 for this project, we got a second letter saying, "We have the capacity now." I have discussed this with the sponsor and I have now gotten a third letter to clarify to everyone's agreement that the water capacity is there for this project to go forward.

Even with the April, by the time the project is ready to start consuming the water, it will be after April 2001 more than likely. But we now have two letters subsequent to that April letter clarifying the issue and I had discussed this with the sponsor of the legislation.

LEG. FOLEY:

So there is no reason for us to approve the resolution.

LEG. CRECCA:

Motion to table.

LEG. FOLEY:

Motion to table subject to call.

CHAIRPERSON FIELDS:

All in favor? Opposed?

LEG. CRECCA:

I will second that.

LEG. CARACCILO:

Dr. Bradley, before you leave, I have a question.

CHAIRPERSON FIELDS:

Tabled subject to call (Vote: 5-0-0-0).

LEG. FOLEY:

She's staying right there.

CHAIRPERSON FIELDS:

Legislator Caracciolo.

LEG. CARACCILO:

We have two resolutions coming up, Introductory Resolution 1749 --

LEG. CRECCA:

The sponsor is going to ask that that be tabled, I just want to let you to know, and I have the reasons why.

LEG. CARACCILO:

Okay, because it's followed by competing resolution 1753. My question relates to 1753.

MR. SABATINO:

1753 was withdrawn.

LEG. CARACCILO:

Was withdrawn? Okay, very good.

LEG. FOLEY:

1749 is table; is there a motion to table?

CHAIRPERSON FIELDS:

Did you say that the sponsor -- Legislator D'Andre?

LEG. D'ANDRE:

Yes? You

CHAIRPERSON FIELDS:

Did you want this to be tabled?

LEG. D'ANDRE:

Yes. Is anybody here representing the blind?

CHAIRPERSON FIELDS:

I don't believe so, no one has submitted a card.

LEG. D'ANDRE:

Well, we'll table it, Madam Chairlady.

CHAIRPERSON FIELDS:

Okay. So --

LEG. FOLEY:

Motion to table.

CHAIRPERSON FIELDS:

Motion to table, I'll second the motion. All in favor? Opposed? **Tabled (Vote: 5-0-0-0).**

IR 1767-00 - Creating Suffolk County --

LEG. FOLEY:

We approved that.

CHAIRPERSON FIELDS:

Oh, right. **1798-00 (P) - Accepting and appropriating 100% State Grant funds from the New York State Office of Alcoholism & Substance Abuse Services to the Department of Health Services, Division of Community Mental Hygiene Services, for Pederson-Krag Clinic, Inc., Outpatient Alcohol Services (County Executive).**

LEG. FOLEY:

Motion to approve.

CHAIRPERSON FIELDS:

Second it. All in favor? Opposed?

LEG. FOLEY:

Just on the motion, if I just may ask the Commissioner. Commissioner -- well, actually it's the next resolution, never mind.

CHAIRPERSON FIELDS:

Okay. **Approved (Vote: 5-0-0-0).**

1799-00 (P) - Accepting and appropriating 100% Grant funds from the New York State Office of Mental Health to the Department of Health Services, Division of Community Mental Hygiene Services, for administrative use (County Executive). I'd make a motion to approve.

LEG. FOLEY:

Second the motion.

CHAIRPERSON FIELDS:

Seconded by Legislator Foley. All in favor? Opposed? **Approved (Vote: 5-0-0-0).**

1801-00 (P) - Amending the Department of Health Services 2000 Adopted Budget to reallocate 2000 budgeted funds for contracted agencies in the Division of Community Mental Hygiene Services (County Executive).

LEG. CRECCA:

Motion to approve.

CHAIRPERSON FIELDS:

I would second that. All in favor?

LEG. FOLEY:

Just on the motion.

CHAIRPERSON FIELDS:

Yes.

LEG. FOLEY:

Commissioner, I read the second WHEREAS clause where it states that

Maryhaven has requested and received approval from the State Office of OMRDD to allocate revenue toward a reduction in the agency's contract. Has Maryhaven agreed to this -- by agreeing to a reduction in their contract, they are agreeing to, in essence, losing these monies to a different --

COMMISSIONER BRADLEY:

They are Medicaiding -- I'm sorry. The State is Medicaiding out these services so that Maryhaven can bill Medicaid as opposed to getting the money from the County.

LEG. FOLEY:

Okay. And Pederson-Krag is --

COMMISSIONER BRADLEY:

Pederson-Krag is going to be --

LEG. FOLEY:

-- ready, willing and able to assume these additional --

COMMISSIONER BRADLEY:

Well, Maryhaven is going to continue to provide the service, but instead of it being funded through a County contract it will be Medicaided, they will bill Medicaid.

LEG. FOLEY:

All right so, in essence, it -- it's not grammatically correct to say freed up, but it --

COMMISSIONER BRADLEY:

Yes, if Pederson-Krag --

LEG. FOLEY:

-- let's say, liberated those monies. But how will Pederson-Krag use these monies?

COMMISSIONER BRADLEY:

Pederson-Krag, when they took over North-Suffolk, assumed a lot of financial liability.

LEG. FOLEY:

Okay.

COMMISSIONER BRADLEY:

I mean, North-Suffolk was running at a loss, so they picked that up and they assumed that loss. So we've been able to locate some money to help Pederson-Krag out, because they're having the same financial problems that North-Suffolk had.

LEG. FOLEY:

Okay.

CHAIRPERSON FIELDS:

Okay, we had a motion and a second. All in favor? Opposed? **Approved**
(Vote: 5-0-0-0).

IR 1806-00 (P) - Amending the Department of Health Services 2000 Adopted Budget to provide continued outpatient alcohol treatment to the residents of Suffolk County (County Executive). Motion to approve.

LEG. CRECCA:

Second.

LEG. FOLEY:

On the motion?

CHAIRPERSON FIELDS:

On the motion.

LEG. FOLEY:

Thank you. I understand, Commissioner, that by going this route, Family Service League will be able to continue offering services in the greater Bay Shore area. Will it be at the same location where Family Consultation Services was, or where will --

CHAIRPERSON FIELDS:

It says at the same location right in there.

LEG. FOLEY:

It says at the same location? Okay.

CHAIRPERSON FIELDS:

"The Family service league has agreed to contract with the department to assume the responsibility" --

LEG. FOLEY:

At the same location, very good. Okay, thank you.

CHAIRPERSON FIELDS:

Okay? All in favor? Opposed? **Approved (Vote: 5-0-0-0).**

1807-00 (P) - Appropriating funds in connection with the purchase and installation of equipment for EMS/ALS Training (CP 3205) (County Executive).

LEG. CRECCA:

On the motion.

CHAIRPERSON FIELDS:

Okay.

LEG. FOLEY:

Second the motion.

LEG. CRECCA:

On the motion. Commissioner, on this project here, I'm a little concerned because this is, from what I can read from the bill, a new expenditure and we're talking about close to a million dollars, \$825,000. Can you tell us the need for this and, you know, especially in these tough fiscal times, how necessary this really is. I mean, certainly I don't want to jeopardize our emergency medical service but in the same respect, too, I am concerned about bonding close to a million dollars.

COMMISSIONER BRADLEY:

This is the replacement of defibrillators. It's not a new -- so it's not that we're purchasing new difibrillators for a new function, we are replacing defibrillators. And we've been in this business for many years, we purchased the original defibrillators and now it had been approved I believe in last year's Capital Project that the County would continue in this role in replacing them.

LEG. CRECCA:

How many defibrillators do we have out there? I'm not holding you to

an exact number but is this for the police vehicles and the emergency medical vehicles?

COMMISSIONER BRADLEY:

I think this is emergency, this is the emergency medicals.

CHAIRPERSON FIELDS:

In the bill it says that there are 156.

COMMISSIONER BRADLEY:

That's how many --

CHAIRPERSON FIELDS:

Will be purchased, but that's not the total.

COMMISSIONER BRADLEY:

For this, but that's not the total, though.

LEG. CARACAPPA:

Madam Chair?

LEG. CRECCA:

Is it --

LEG. CARACAPPA:

I'm sorry.

LEG. CRECCA:

No, I'm sorry. The 156, is that -- when you say that's not the total, I mean, there's more out there, those are how many we're replacing.

COMMISSIONER BRADLEY:

Yes.

LEG. CRECCA:

Is the cost 825,000 for 156?

COMMISSIONER BRADLEY:

Yeah, they're a few thousand each. Let me look at this.

LEG. CRECCA:

That would make them more than a few thousand.

COMMISSIONER BRADLEY:

I have the specific list of what's being requested.

LEG. CRECCA:

Yeah, I really would just like to know because my understanding is -- are

these for the portable defibrillators or these are larger units with more advanced units? I'm assuming this is not the automated external defibrillators, these are --

COMMISSIONER BRADLEY:

These are automated. They're actually dual functioning, they're automated and manual. There are certain EMS corps that have both sets, sometimes they have a person who knows how to do it sometimes they don't, so there is a new model where it can be converted both ways.

LEG. CRECCA:

That's probably more --

COMMISSIONER BRADLEY:

And 56 of them are that, 56 are batteries -- well, many of them are batteries, some of this is for --

CHAIRPERSON FIELDS:

There's a back up on these.

COMMISSIONER BRADLEY:

There's a backup, I'm sorry, I didn't look at it ahead of time and I'm looking at it now.

CHAIRPERSON FIELDS:

It has paddles and leads and sensors and cables and electrodes, there's a whole medley of --

LEG. CRECCA:

Just one more question. What I will do is approve this, I'll take a closer look at it and review it.

COMMISSIONER BRADLEY:

Okay.

LEG. CRECCA:

I'm just concerned about the price that we're paying possibly for some of this, but I'll take a closer look at it and I didn't look at it until this morning, so I apologize. The old -- oh, some of the machines we're replacing, the AED's?

COMMISSIONER BRADLEY:

Yes.

LEG. CRECCA:

Are they still usable, will they still be usable?

COMMISSIONER BRADLEY:

Usually we trade them in and get a rebate on them when we replace them.

CHAIRPERSON FIELDS:

Might I?

LEG. CRECCA:

My concern is because with the task force bill that's currently in place, there may be a use for these and we really should look at whether, A, they're updated enough to be continuing use and whether or not from a financial point of view we'd be better off trading them in or holding on to them for potential uses.

CHAIRPERSON FIELDS:

Or possibly, may I interrupt, maybe there's a market for these to be sold at a better rate than we would get in a trade in; is it possible to --

COMMISSIONER BRADLEY:

I don't know that there'd be a market here, maybe there would be a market in other countries, I don't know. Normally we trade them in and get a rebate, from what I know.

LEG. CRECCA:

What I would say is that I have no problem approving the bill to get it out of committee and put it before the Legislature. I'll certainly sit down with the Commissioner in the interim and maybe review this and we can take a look at it --

COMMISSIONER BRADLEY:

Sure.

LEG. CRECCA:

-- and see if there's any problems with it.

LEG. FOLEY:

Madam Chair?

CHAIRPERSON FIELDS:

Legislator Foley?

LEG. FOLEY:

Well, Legislator Caracappa was first.

CHAIRPERSON FIELDS:

Oh, Legislator Caracappa; sorry.

LEG. CARACAPPA:

Legislator Crecca had mentioned this is a new expenditure; we had budgeted this, this is appropriating not amending, correct?

MR. SPERO:

Correct.

LEG. CARACAPPA:

So this has been budgeted for in the Capital Project?

COMMISSIONER BRADLEY:

Yeah, it is.

LEG. CRECCA:

Oh, was it? I apologize.

LEG. CARACAPPA:

I'm just clearing that up for my own edification as well.

LEG. FOLEY:

Madam Chair?

LEG. CRECCA:

Thanks, Legislator Caracappa.

CHAIRPERSON FIELDS:

Legislator Foley.

LEG. FOLEY:

Thank you. Commissioner, how did EMS arrive at this particular list? Because when we look at, obviously there are some ambulance districts they are not included. Are there some being left out that need this equipment, or those that are left out, it's either known or assumed that they have more updated equipment where there is no need at this point for them to replace their defibrillators?

COMMISSIONER BRADLEY:

They do it on a triage type basis. They weren't all purchased at the same time so they wouldn't all need to be replaced at the same time.

LEG. FOLEY:

Okay.

COMMISSIONER BRADLEY:

And I don't know specifically how -- I didn't sit with them when they did this, but they go, "Okay, what do we need to get now?" So they don't all usually do it all at once, they don't usually go and appropriate and purchase all at once, but these were what the greatest needs were.

LEG. FOLEY:

Okay. Thank you.

CHAIRPERSON FIELDS:

Okay. Had a motion; did we have a second?

LEG. FOLEY:

Second.

CHAIRPERSON FIELDS:

All in favor? Opposed? **Approved (Vote: 5-0-0-0).**

1808-00 (P) - Appropriating funds in connection with improvements to new Skilled Nursing Facility (CP 4057) (County Executive).

LEG. FOLEY:

Second the motion. I mean, motion.

CHAIRPERSON FIELDS:

Motion to approve, second by Legislator Caracappa.

LEG. FOLEY:

Just on the motion, if I may. This was mentioned by Legislator D'Andre in the past as well as other Legislators so I am not the first to say it, but it's been mentioned before, Commissioner, that whoever draws the resolutions from the Executive Branch, they're supposed to include the full name of the Skilled Nursing Facility --

COMMISSIONER BRADLEY:

Okay.

LEG. FOLEY:

-- and not just the new Skilled Nursing Facility in the title of the bill. So I would just make that suggestion once again.

CHAIRPERSON FIELDS:

Is it possible to change that now, Counsel?

MR. SABATINO:

Yes, because we have an extra two days today being the deadline, so it can be done.

CHAIRPERSON FIELDS:

So maybe we could indicate that for next Thursday. Thank you.

LEG. FOLEY:

Thank you.

CHAIRPERSON FIELDS:

Okay, all in favor? Opposed? **Approved (Vote: 5-0-0-0).**

1819-00 (P) - Accepting and appropriating additional 100% reimbursable funds for the Health Insurance Information, Counseling and Assistance Program (HICAP) (County Executive).

LEG. FOLEY:

Motion.

CHAIRPERSON FIELDS:

Motion by Legislator Foley.

LEG. CRECCA:

Second.

CHAIRPERSON FIELDS:

Seconded by Legislator Crecca. All in favor? Opposed? **Approved (Vote: 5-0-0-0).**

Back to IR 1425-00 (P) - Adopting Local Law No. 2000, a Local Law to ban the purchase of tobacco products by minors in Suffolk County.

LEG. FOLEY:

Motion to approve.

CHAIRPERSON FIELDS:

I would love to make the motion to approve. You would second the motion?

LEG. FOLEY:

Second the motion.

LEG. CARACCILOLO:

On the motion.

CHAIRPERSON FIELDS:

We'll start with Legislator Crecca.

LEG. CRECCA:

No, that's okay.

CHAIRPERSON FIELDS:

Legislator Caracciolo?

LEG. CARACCILOLO:

Yes. Could Commissioner Bradley come forward, please?

LEG. CARACAPPA:

Madam chair, as the Commissioner is coming forward, I would make a motion to place 1798, 1799 and 1899 on the consent calendar.

LEG. FOLEY:

Second the motion.

CHAIRPERSON FIELDS:

All in favor? Okay, **they're on the consent calendar.**

LEG. CARACCILOLO:

Commissioner, have you had an opportunity to look at the corrected copy of this resolution?

COMMISSIONER BRADLEY:

Yes.

LEG. CARACCILOLO:

Okay. And could you specify whether you're in support or opposition of the resolution and if so, why.

COMMISSIONER BRADLEY:

Well, I'm more in favor of this resolution than the original resolution. I'm still opposed to youth possession laws, and they have never been proven to be effective in curbing youth smoking. It's a difficult problem, most adult smokers start as kids. I mean, I know everyone wracks